gutflix
GI learning, personalised

Summary

RECTAL POLYPOID LESION – A DIFFERENTIAL DIAGNOSIS BORROWED FROM THE GYNECOLOGIST

Isabel Pedroto

UEG Week Vienna 2024 | Poster

Colorectal

October 13, 2024

A 55-year-old asymptomatic postmenopausal woman with positive fecal occult blood screening was found to have a large ulcerated rectal lesion that proved to be deep infiltrating endometriosis with mucosal invasion, not malignancy.

KEY POINTS

- Colonoscopy revealed a 30-40mm ulcerated polypoid lesion at the anterior rectal wall that raised suspicion for malignancy but histopathology showed endometriosis foci invading rectal mucosa without dysplasia or malignancy
- Endoscopic ultrasound characterized a 40x38x27mm lesion originating from the rectovaginal septum, invading muscularis propria and all rectal layers at certain locations, partially occluding the rectal lumen
- Only 5-6% of colorectal endometriosis cases invade the mucosa, and rectal implants are usually associated with dyschezia, cyclic hematochezia and tenesmus, none of which this patient experienced
- The patient was asymptomatic and postmenopausal with low risk of complications and was discharged; the case illustrates lack of correlation between symptom severity and endometrial implant size
- This case is relevant for clinicians evaluating rectal lesions in colorectal cancer screening, particularly in postmenopausal women where endometriosis may present atypically without classic symptoms

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/0df63614-9111-11ef-8326-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.